

because I desired to consult competent legal authorities before writing again.

Although you charge me with being guilty of a misdemeanor in your letter of July 7, you nevertheless declare, in that mailed on September 4, that this was not a reflection upon my character or integrity. That it was not your aim to so reflect I willingly admit, but that it did so must be self-evident. Moreover you did not retract the charge, but by implication reiterated it.

I think you will find that I have always been ready to cooperate for the good of the profession, and the implication that I have failed to do so is entirely unjustified. I readily grant that it may be your duty to take action upon what the agent of the board reports, but if, as you imply, you must waive your initiative and judgment, then it necessarily follows that you are his agent and not he yours.

Competent legal authority is of the opinion that the insertion of my name with the letters M. D. in the local and metropolitan telephone directories by the company did not violate the paragraph of the Medical Practice Act which you quoted in your letter of July 4. This, to be sure, is a matter of much gratification to me, but if there are any court decisions bearing upon this matter which may possibly, though not probably, be unknown to my advisers, I hope that you will do me the courtesy of calling my attention to them.

It seems to me that if the interpretation adopted by the board is to stand, then it follows that a grandmother who, on her own initiative, decides that her little grandson has measles and tells his parents so, must also be guilty of violating the act, for it specifically states that anyone who diagnoses a disease is guilty of a misdemeanor.

I cannot believe that the board will claim the right to deny those upon whom the title of "Doctor of Medicine" has been lawfully conferred the legitimate use of it, and I firmly believe that any law which attempted to do so would promptly be declared unconstitutional. What apparently is needed is a term to distinguish the licentiate in medicine from the graduate, but surely the lack of such a term cannot justify curtailing the civil rights of others. If the board desires to insist upon the correctness of its interpretation, it probably would be well to bring a test case for the information of others whose names appear similarly as mine as well as for the good of the medical profession.

With warmest regards,

Very truly yours, A. W. MEYER.

Subject of Following Letter: Narcotic Laws and Enforcement in California

San Francisco,
October 9, 1929.

California and Western Medicine,
Balboa Building,
San Francisco, California.

Gentlemen: I am enclosing herewith a résumé of the law affecting narcotics passed by the last legislature and which became effective August 14, 1929. This does not purport to be a complete statement of all of the provisions of the law, but merely contains those provisions which, in my opinion, are important for the physician to know. There are, of course, other provisions dealing with the outright sales to addicts, the forging of prescriptions, and other practices which are obviously criminal and which no reputable practitioner would be in danger of employing. The regulations to which the statement enclosed calls attention are mainly of a character which an honest physician, unacquainted with the law, might, and sometimes does, violate. It is the purpose of this department to strictly enforce this law and we would appreciate a wide publicity in the medical profession, in order that physicians may not find themselves embarrassed by ignorance of the law.

Yours very truly,

FRANK H. BENSON,
Chief of the Division of Narcotic Enforcement.

Résumé of Recent Law Affecting Narcotics

Physicians cannot legally prescribe, administer or dispense opiates or other prescribed drugs merely to satisfy addiction or to relieve withdrawal symptoms. To do so lays the physician liable to criminal prosecution.

Physicians may submit an addict to the reduction or ambulatory treatment only in city or county jails, or state prisons, or State Narcotic Hospitals, or in institutions approved by the State Board of Medical Examiners, where the patient is kept under restraint or control. Where this treatment is employed in such institutions the narcotics must be administered only by a regularly licensed physician or a registered nurse. The physician, or other person, who gives the reduction treatment otherwise than in the manner described in the act is guilty of a criminal offense and, under the terms of the State Medical Act, is liable to have his license revoked.

The physician, in the regular course of his practice, may, in good faith, prescribe or administer narcotics to his patient for a reasonable time and in reasonable amounts for any disease, ailment, or injury, other than narcotic addiction. He must keep an office record, giving the name of the patient, the pathology for which each treatment is given and the date thereof. This record is open to inspection by the officers of the law.

The physician may prescribe narcotics for any habitual user of narcotics who, in addition to his addiction, has any disease, injury, or ailment for which the physician, in good faith, believes such narcotics are indicated, or whose addiction is complicated by the infirmities of old age. Where the physician so prescribes for an habitual user he must, within five days after the first treatment, and whenever requested thereafter, send by registered mail to the Narcotic Enforcement Division, 302 State Building, San Francisco, a report of such treatment. Cards for making such report will be furnished by the division upon request.

Every narcotic prescription must be dated as of the date it is written, and such date, together with the name and address of the patient and the name of the prescribing physician must be written by the physician himself. The practice of telephoning narcotic prescriptions to be filled and delivered by the pharmacist and later signed by the physician is absolutely illegal and subjects both the physician and the pharmacist to prosecution.

The narcotics referred to herein are cocaine, opium, morphin, codein, heroin, alpha eucain, beta eucain, hemp (*cannabis sativa*), or the extracts thereof, chloralhydrate, or any of the salts, derivatives or compounds of the foregoing; provided, that preparations of the United States Pharmacopeia and National Formulary or other recognized or established formulae or other remedies or prescriptions sold or prescribed in good faith for medicinal purposes only and not for the purpose of satisfying the addiction of an habitual user of narcotics, which contain not more than two grains of opium, or one-fourth grain of morphin, or one grain of codein, or one-eighth grain of heroin, or ten grains of chloralhydrate, or four grains of Indian hemp or loco weed in one fluidounce or, if sold in solid preparation, one ounce avoirdupois, are not within the provisions of the law, except paregoric, which may be sold only upon the prescription of a regularly licensed physician.

The foregoing are the principal provisions of the State Narcotic Law insofar as it affects physicians. There are certain federal regulations with which the physician should be familiar. Information concerning these may be obtained from the Internal Revenue Service, Custom House, Washington and Battery streets, San Francisco.

A copy of the state law will be furnished to any physician or pharmacist, or other person interested, by writing to the State Narcotic Enforcement Division.